

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590827

FILING DATE

AFFILIANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		6				
9		6				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
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38		1				
39		1				
40		1				
41	1					
42		1				
43	1					
44	1					
45	1					
46	1					
47	1					
48		①				
49		①				
50		①				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①				
52		①				
53		①				
54		①				
55		①				
56		①				
57		①				
58		①				
59		①				
60		①				
61		①				
62		①				
63		①				
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65		①				
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67		①				
68		①				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	83	←		←		←
TOTAL CLAIMS	91					